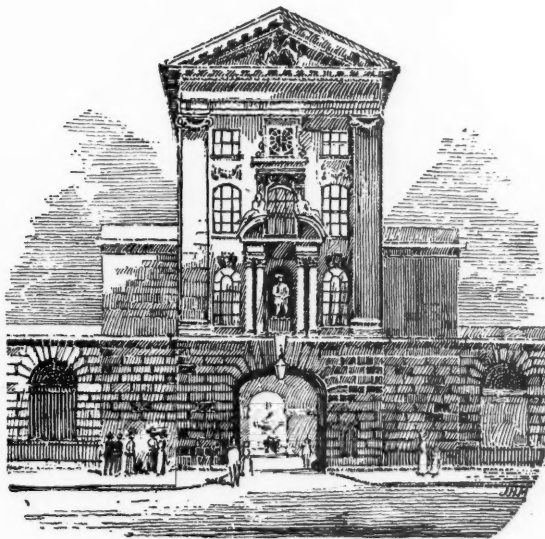


MAY 16 1924
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ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXI.—No. 8.

MAY, 1924.

[PRICE NINEPENCE.]

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"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXI.—No. 8.]

MAY 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

- Thurs., May 1.—Debating Society: "That Vaccination is a Useless and Dangerous Prophylactic."
- Fri., " 2.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Medicine Lecture, Dr. Morley Fletcher.
- Mon., " 5.—Special Subject Lecture, Mr. Elmslie.
- Tues., " 6.—Sir P. H.-S. Hartley and Mr. Rawling on duty.
- Wed., " 7.—Clinical Surgery Lecture, Mr. Waring.
- Fri., " 9.—Sir T. Horder and Sir C. Gordon-Watson on duty.
Clinical Medicine Lecture, Dr. Drysdale.
- Mon., " 12.—Special Subject Lecture, Dr. Cumberbatch.
- Tues., " 13.—Prof. Fraser and Prof. Gask on duty.
- Fri., " 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Medicine Lecture, Sir Thomas Horder, Bart.
- Mon., " 19.—Special Subject Lecture, Mr. Harmer.
- Tues., " 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Wed., " 21.—Clinical Surgery Lecture, Mr. Waring.
- Last day for receiving matter for June issue of Journal.**
- Fri., " 23.—Sir P. H.-S. Hartley and Mr. Rawling on duty.
Clinical Medicine Lecture, Dr. Drysdale.
- Mon., " 26.—Special Subject Lecture, Mr. Scott.
- Tues., " 27.—Sir T. Horder and Sir C. Gordon-Watson on duty.
- Wed., " 28.—Clinical Surgery Lecture, Sir C. Gordon-Watson.
- Fri., " 30.—Prof. Fraser and Prof. Gask on duty.
Clinical Medicine Lecture, Sir Thomas Horder, Bart.

EDITORIAL.

OUR connection with the medical schools of America was strengthened last month by two interesting lectures.

Dr. McRae, best known perhaps in this country for his co-operation with Sir William Osler in the production of

the well-known *Text-book of Medicine* addressed a crowded theatre on Thursday, March 27th.

At the request of Prof. Fraser he took for his subject "Chronic Arthritis." Quite apart from the pleasure of gaining a personal link with a standard text-book, the lecture was a delight, filled as it was with clear teaching and witty sallies. One cannot forbear to record here Dr. McRae's dictum as to the duties of a consultant, "Give as hopeful prognoses as possible, and do a rectal examination," or his gibe at his surgical colleagues, "All surgeons should be forced to attend once a year a clinic on 'spondylilitis.'"

The second lecture was delivered by Mr. Paterson Ross on "Personal Experiences in America." Mr. Ross has previously recorded some of his impressions in the JOURNAL, and an account of his excellent lecture will be found in this issue in the reports of the Abernethian Society.

* * *

Much interest should be created by the discussion arranged by the Debating Society on Vaccination. The motion before the House will be: "That vaccination is a useless and dangerous prophylactic." The motion will be supported by a speaker from the Anti-Vaccination League, and the opposition will be led by Dr. Lyster.

* * *

We have recently received from Mr. C. J. Heath a number of essays on "The Doctor," written by national school-children of about ten years of age. There is a singular unanimity about them. All agree that the doctor is very rich, lives in a big house, has a motor-car, and wears "a black soot." One unusually observant child remarks, "The doctor always has clean hands," and another fortunate youngster adds "The doctor sometimes gives me a penny." Let us rejoice at the cleanliness, wealth and generosity of our profession. Criticism from other quarters might have been more severe!

We offer our congratulations to Sir Humphry Rolleston on his re-election as President of the Royal College of Physicians for the ensuing year.

* * *

We print elsewhere in this issue the list of House Appointments for the next six months. The competition for them has been extraordinarily keen, and each position might have been filled three times over.

There has been, as there was bound to be, a good deal of disappointment; and men who in less crowded times would have been certain of getting on to the House Staff have had to seek posts elsewhere. It is satisfactory to hear that there has been a drop in the numbers entering for the medical profession; the drop has been considerable as the figures recently published in the *Lancet* show. These figures are, however, slightly misleading, as under the Conjoint Board Regulations which are now in force, the preliminary scientific studies are completed at school, so that many boys who are at present doing their physics, chemistry and biology will not register until next year.

But sufficient indication that things have returned to normal may be obtained by comparing the average number of dressers on a surgical firm to-day with the number two years ago. These decreased numbers mean increased experience for each dresser, and we do not suppose that, to-day, a man finishes his surgery-dressing without having done many minor operations. The old competition for "circums" is a thing of the past!

* * *

We would like to draw the attention of our readers to a book of a non-medical character, which has very recently been written by a Bart.'s man.

In *The Pirates' Who's Who*, Dr. Philip Gosse has concentrated his very unusual knowledge of the lives and deaths of the pirates and buccaneers—a knowledge which he has gained from his large collection of books dealing exclusively with these gentlemen.

A gentle humour serves partly to conceal the grim tragedies, which Dr. Gosse recounts in the pages of this volume—surely the strangest "Who's Who" yet published.

The book has already created a great deal of interest: it has called forth leading articles in two such diverse journals as the *Times* and the *British Medical Journal*; it has even roused a descendant of one gallant captain (who was rather a privateer than a pirate) to a spirited protest combined with an offer to help with the next edition!

We hope to review the book fully in our next issue. Meanwhile, we congratulate Dr. Gosse on his successful effort, and commend the book to our readers, whether their tendencies be peaceful or bellicose.

HOUSE APPOINTMENTS.

THE following gentlemen have been nominated to House Appointments from May 1st, 1924:

Junior House-Physicians—

Dr. Morley Fletcher.	H. G. Anderson.
Dr. Drysdale.	J. W. Poole.
Sir P. Horton-Smith Hartley.	C. O. S. B. Brooke.
Prof. F. R. Fraser.	J. Maxwell.
Sir Thomas Horder, Bt.	F. H. K. Green.

Junior House-Surgeons—

Mr. H. J. Waring.	R. T. Payne.
Mr. McAdam Eccles.	H. Burt-White.
Mr. L. Bathe Rawling.	J. R. Hamerton.
Prof. G. E. Gask.	T. D. Deighton.
Sir C. Gordon-Watson.	J. M. Scott.

Intern Midwifery Assistant (Resident) . . . W. R. Ward.

Intern Midwifery Assistant (Non-Resident) . . . J. Parrish.

Extern Midwifery Assistant . . . A. B. Cooper.*

H.-S. to Throat Department . . . T. Meyrick Thomas.

H.-S. to Ophthalmic Department . . . G. H. Caiger.

H.-S. to Orthopaedic Department . . . H. H. D. Sutherland.

H.-S. to Venereal and Skin Department { G. B. Tait.†

Senior Resident Anaesthetist . . . C. S. C. Prance.‡

Resident Anaesthetists . . . F. T. Evans.

Resident Anaesthetists . . . N. E. Lawrence.

Resident Anaesthetists . . . R. G. R. West.

* 3 months. † 3 months, May. ‡ 3 months, August.
All others for 6 months.

OBITUARIES.

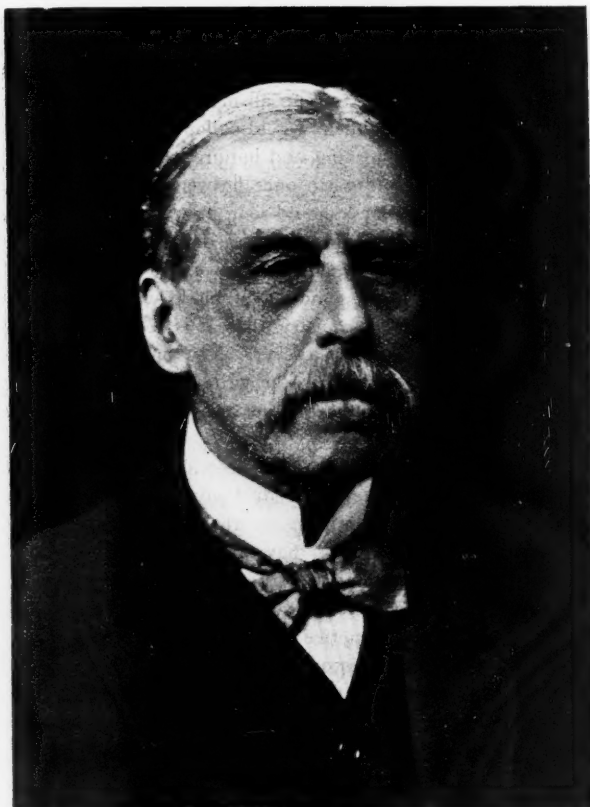
HUGH WALSHAM, M.A., M.D., F.R.C.P.

DR. HUGH WALSHAM, Consulting Radiologist to St. Bartholomew's Hospital, died in London on April 13th at the age of 68. He was the second son of the late W. W. Walsham, of Wisbech, and younger brother of the late William Johnson Walsham, former Surgeon to St. Bartholomew's. He received his early education at King's College, and proceeded to Caius College, Cambridge, and thence to St. Bartholomew's. He obtained the degree M.B., B.Ch.(Cantab.) in 1887 and became M.D. in 1897. In 1891 he obtained the Membership of the Royal College of Physicians, and he was elected to the Fellowship in 1901.

After serving as Pathologist to the City of London Hospital for Diseases of the Chest, he was appointed Assistant Physician and afterwards Physician to the same hospital. In 1896 he was appointed Assistant to the late Dr. Lewis Jones, who was then Medical Officer in Charge of the Electrical Department of St. Bartholomew's. This was the year following the discovery of the X rays by Röntgen. Walsham undertook the radiological work of the Electrical Department, and in 1912, the year after the retirement of Lewis Jones, a separate department, entirely for X-ray work, was formed, and Walsham was appointed Medical Officer in Charge. He held this appointment until November, 1917, when ill-health compelled his retirement from hospital work. He was then made

Consulting Radiologist, and he continued his private work until the onset of the illness which terminated his life.

Walsham won the Weber-Parkes Prize of the Royal College of Physicians in 1903 for his essay on "The Channels of Infection in Pulmonary Tuberculosis." In 1911 he was President of the Section of Electro-Therapeutics and Radiology at the Annual Meeting of the British Medical Association, and in 1913 he was Vice-President of the Section of Radiology at the 17th International Congress of Medicine.



HUGH WALSHAM, M.A., M.D., F.R.C.P.

It is in his pioneer work on the uses of X rays in diagnosis of diseases of the chest that the name of Walsham will always be remembered. He was the first to realize the uses to which the X rays might be put in aiding the diagnosis of disease of the intra-thoracic organs.

As Physician and Radiologist he was well fitted to conduct research on this subject. By making clinical and radiological examinations of patients suffering from disease of the chest, and by preparing skiagrams of the cadaver

in the post-mortem room, he was able to co-relate clinical, radiological and pathological findings. He wrote various papers on the subject, and in 1906, in collaboration with Dr. Harrison Orton, he wrote a book entitled *Röntgen Rays in the Diagnosis of Diseases of the Chest*. This was the first book on the subject to appear, and it is the original classic.

Walsham's work grew more and more arduous as the years passed, and the number of cases attending the Department rapidly increased. Before the X-ray department occupied its present site the radiological work, both diagnostic and therapeutic, was conducted in two rooms only, and the congestion was often severe, but Walsham always had a cheery greeting for all who came to the Department, and would always help those in need of information and assistance.

During the latter years of his life Walsham was never present at meetings of medical societies, and it is doubtful whether the less senior specialists in radiology have ever seen him. During the late war the Röntgen Society met in the Electrical Department of St. Bartholomew's, and Walsham said that he would be present. On the same night, before the meeting, the disastrous explosion, which wrecked Silvertown, took place, and Walsham was summoned as member of an emergency aid corps. He was therefore unable to appear at the meeting.

Walsham was held in high esteem by his friends, and his work in radiology of the chest is a monument to his memory which will always remain.

RICHARD JAMES REECE, C.B., M.A., M.D., M.R.C.P., qualified from St. Bartholomew's Hospital in 1884, and subsequently held posts on the Resident Staff. Early in his career he interested himself in epidemiology and published papers on smallpox and enteric fever, and at the time of his death was President of the Epidemiological Section of the Royal Society of Medicine, and a Senior Medical Officer to the Ministry of Health.

ALEXANDER HAIG, M.A., M.D., F.R.C.P., came to St. Bartholomew's Hospital from Oxford in 1876. Later he was a Casualty Physician at this Hospital, and Consulting Physician to the Metropolitan Hospital. He was the author of several works on the rôle of uric acid in disease.

FROM OLD TO NEW.*

By C. FIRMIN-CUTHBERT, F.R.C.S.Ed.

IT is with great diffidence that I approach this subject, "From old to new," because I feel that there are many here who could do it better, and to whom most of the facts in this paper are already well known, but there are many younger members who have perhaps only casually read or heard of the older methods, and who are unable to look back further than the sunshine years of aseptic surgery.

A time goes on there is the great advantage of being able to appreciate more thoroughly the changes for the better which have taken place even in one's own lifetime. With few exceptions, it is my intention to take into account only that which I have actually seen, and I must remind you that I began life very early in the medical profession—my father and grandfather both being members of what the former always expressed as being "a very nice profession, but a very bad trade." The latter I do not remember, as he died at the age of 78, one year after I was born. I have here the notes of a case written out by him in 1801, which I found among the pages of Charles Bell's *Anatomy*, with plates, edited in 1798.

The case was no doubt one of myeloid tumour of the tibia, for which in these days we should probably not have amputated the limb, but have resorted to exsection of the tumour. (Sir John Bland-Sutton, as perhaps you know, was the first to draw the distinction between myeloid sarcomas and myeloid tumours.)

In 1827 Laennec published his book with the description of his discovery in 1816 of the stethoscope, made by rolling up three quires of paper. These were followed by wooden ones.

The first case in association with my father, at which I was present, but of which I have not the slightest recollection, is written up in one of these old note-books of his—the actual account of my own birth. He seems to have taken careful notes of his confinement cases over these years. In those days it was the custom to pay the doctor his fee before he left the house, and at the end of the description of the various cases in this book it was my father's practice to write "Paid," and the amount of the fee. The only peculiarity about the account of my birth is that I was described as "small and thin," and at the finish is written in large letters, "Not Paid."

Left occipito-anterior seems to have occurred with the same frequency in those days as at the present time, but

* Read before the Gloucester Branch of the British Medical Association, February 20th, 1924.

other cases of great interest are recounted. He always had the greatest dread of a ruptured perinæum, and, during my five years' work with him the precautions I received in this respect were unlimited, and if such an accident did occur, his displeasure with me was very obvious. He was an expert at using forceps, but his favourite assistant was a *vectis*, which lived in the tail pocket of his shiny black frock coat, or, as they used to be called in those days, surtout coats. The *vectis* was always wrapped up in a coloured silk handkerchief, and I only remember the one self-same handkerchief. With this instrument he was very quick in getting babies safely into the bed. He seemed to have no fear of converting head into face presentation, the liability to which caused this instrument to fall out of use. On many occasions, when I had been sitting up all night, in the hope of the baby seeing daylight, he would gallop up to the house on his horse in the morning and inquire what on earth I was doing so long, and when once he went to work with his *vectis*, I knew that I should soon have the satisfaction of feeling that mother and baby were doing well. The *vectis* was shaped like a single blade of short forceps, with a folding joint at the junction of blade with handle. In Hooper's *Medical Dictionary*, 1848, it is described "*Vectis* = lever. Not strictly a lever. Now hardly ever used."

In the notes of one case he writes that he put forceps on because he was obliged to get away, and he adds, "This is wrong."

At the present time we have seen a great deal of literature on this very subject by Mr. Comyns Berkeley, Gordon Luker, and many others, on the "Use and Abuse of Forceps." These papers have raised a perfect hurricane of discussion, but it is not the purpose of this paper to enter into any contentious arguments as to difficult midwifery in general practice.

Now comes ovariectomy. It is hard to believe that when I first came to Gloucester, in 1884, there were only about two surgeons in England who were doing the operation of ovariectomy—Sir Spencer Wells and Lawson Tait. I believe the first surgeon in this neighbourhood to have a successful case, soon after this time, was Mr. R. M. Cole, then Surgeon to the Royal Infirmary of Gloucester. It must have been about three years later that I made my first venture—a nice case which simply pulled out without any adhesions whatever.

Like all successful operations, ovariectomy went through great vicissitudes. In the 6th edition of Erichsen's *Surgery*, vol. ii, p. 799, the story of ovariectomy is traced up from its early infancy. It was said to have been done by L'Aumonier in 1782, having been discussed by William Hunter in 1762. Lizars operated for the first time in this country in 1823. Disrepute followed until 1836, when Jeafferson, of Framlingham, in Suffolk,

revived the operation. This was followed by others in the same neighbourhood, and soon by men in London.

My father frequently told me that he had assisted Jeafferson at his operation in 1836. I do not know what anæsthetic the woman had, but it was in 1847 that Sir James Simpson wrote up his first experience of chloroform, and it was in this year that my father did an operation for ovarian tumour. Jeafferson, of Framlingham, helped him, and they gave the woman chloroform. He told me that they both sat up with the woman all night after the operation. To my knowledge the woman was still alive and well in 1884. This was probably a case free from adhesions. It was in 1846 that the first case of operation under ether was demonstrated. Liston was the operator, with Cadge, of Norwich; Erichsen, Lister, and others were present. There is a picture of this in the Wellcome Museum.

Again the operation of ovariectomy came into disrepute, such a large number of cases having to be left unfinished owing to adhesions, that the operation was excluded from surgical practice.

In 1857 there sprang up Spencer Wells, with his brilliant success, and we all know the results of the present-day operation.

I imagine that few in this room remember the last few months in the life of a woman with an ovarian tumour which had not been operated upon—the repeated tapping, the prominent abdomen raising up the bedclothes, the skin and bone condition of the patient, and the question as to whether she could stand another tapping.

Compare again the old operation of hysterectomy with that of the present day. The whole story is written up in Treves's *Manual of Operative Surgery*, 1891, vol. ii, pp. 278 *et seq.* The old operation of extra-peritoneal treatment of the stump, with its enormous mortality—70 per cent.—was condemned by Mr. Keith, who wrote up intra-peritoneal methods in the *British Medical Journal* of December 10th, 1897.

Previous to this vaginal hysterectomy had been a good deal practised.

I saw several hysterectomies done by the extra-peritoneal method. The narrow part of the uterus at the junction of its body with the cervical canal was constricted by a *serre-nœud* (Fr. *serrer*, to press; *nœud*, a nut), which consisted of a stout wire (piano wire), twisted tight round with forceps and left on. The stump was then transfixed with pins, and strong ligatures were put round, and it was then brought outside the abdomen. This was, as the Lancashire man would describe it, "a proper mess." If the unfortunate woman got well at all, it took her months and months to do so.

I did my first abdominal hysterectomy in 1896, with intra-peritoneal treatment of the stump. A brand new

glass-topped table was used for this occasion, in which, contrary to my instructions, and much to my annoyance, a second glass shelf had been put. The boiled towels, instruments, swabs, dressings, etc., had been put out of the fish kettle into bowls of hot lotions on the new glass table, which had also been covered with hot boiled towels. The patient was well under the anæsthetic, and all was ready for commencement of the operation. Crash! crash! crash! went the glass table and everything fell into the much-abused second shelf. You may imagine my dismay. Fortunately everything was rearranged without contamination, and the operation proceeded to a successful issue.

Venesection.—I cannot go back to the old Babylonian priests, who grew their finger-nail to a point and sharpened it with a stone for this purpose, nor to the natives of the Pacific Islands, who used the sharp shells of a fresh-water mollusc, or even to the evolution of the lancet, but Mr. Johnstone-Vaughan in this city has pictures of the natives of South Africa, who were in the habit of bleeding themselves at frequent intervals. There are well-marked scars on the lower part of the neck as if they picked out the external jugular for the purpose. A good description of the operation of bleeding is on p. 278 of Fergusson's *System of Surgery*, and again in Druitt's *Vade Mecum*, p. 686.

The operation was invariably done with a lancet, and I can just remember in the very early days of my boyhood the morning of "bleeding"—the morning set apart for bleeding. People of various social standing arrived at the surgery. The better class being taken from the surgery to the dining-room, and those who were of such importance that they were put in what might be considered the stalls, *i.e.* the drawing-room! All to be blooded! One time-honoured gamp of the village proceeded with the brazen bowl, and another, who shared with her the honours of lying-in and laying-out, followed in her wake, to clear up.

Bleeding at the present day is quite an excitement, and in order to do the operation in the up-to-date method, we are told that it is necessary to procure a Herbert French's needle, made by a special man at the Holborn Surgical Supply! Nevertheless, a horrid mess is caused in this little operation when a sudden call comes to do it. I remember completely spoiling the look of our late Dr. Batten's spick and span shirt front one evening when he and I had come to the conclusion that a patient must be bled. Although Dr. Batten was cautioned, he did not get out of the line of fire quickly enough!

Transfusion.—The call for bleeding nowadays may be at a moment's notice for transfusion purposes, and then all neatness is required. I do not think that the necessity of being prepared for this operation is sufficiently recog-

nized. The days are over of the willing donor who gave part of his life's blood to a dying woman, and was rewarded by the sight of his photograph in the *Daily Mail* as a hero! Arrangements should be made to have a proper donor who can be called upon at a moment's notice, with a proper understanding as to the authorized fee to be paid for his services. Not only should the donor be in Group 4 (*i.e.* a universal donor), but a negative Wasse mann reaction must also be assured.

Transfusion was practised by the Hebrews, who believed that it was possible to draw out a man's sins through his blood, which was replaced by the blood of a youth. Hence the following adage:

"Stringite ait Gladios
Veteremque hirute cruorem
Ut repleam vacuas
Juvenile sanguine venas."

The first experiment of transfusion, with details, was, as far as I know, published in the case of Pope Innocent VIII in 1492. The Pope was very old and decrepit, and an enterprising Hebrew doctor suggested the withdrawal of old blood, to be replaced by young and active blood. Three choir boys were selected as donors, but the Pope and all three boys died!

In 1667 there is an account of a minister who was "frantic." He was injected with sheep's blood, 12 oz., the sheep being hired for the purpose for 20 shillings. He survived, but was no better in his mind.

A little later a maniac who was rushing through the streets of Paris in Nature's garb was tackled by a man called Dennis, a French savant, who transfused the lunatic from a calf. The operation was performed three times, and the man died on the third day. Fierce litigation followed, and the conclusion came to was that the operation was only fit for cannibals.

I remember Mr. Morant Baker, in his physiological lectures in 1876, demonstrating the operation of transfusion. No precautions of a chemical nature were taken. There is a description in Druitt's *Surgery*, p. 689.

Great stress has recently been put upon the advisability of transfusion of blood previous to operations undertaken for fibroid of the uterus, in cases where the patient has been much reduced by loss of blood, or prior to such radical operations as Wertheim's, or in cases of extensive hæmorrhage into the abdominal cavity, by the rupture of the spleen or liver, or extra-uterine pregnancy or placenta prævia. In some very urgent cases an auto-reinfusion of blood has been used with considerable success.

Leeches.—Not many leeches are now employed, but it is stated in an article which appeared in *Household Words*, "a weekly journal conducted by Charles Dickens," dated February 8th, 1851, that "In a year 29,700 leeches were

bought for the establishment." This article is entitled "Twenty-four Hours in a London Hospital," and was written by Alfred Paget, who stayed with his brother Sir James Paget in the Warden's House of St. Bartholomew's Hospital during the winter of 1850.

Cupping.—So called from the cup-like shape of the glasses made use of. They are mentioned by Hippocrates. The instruments were then made of horn or metal; later they were made of glass. The apparatus was accompanied by a spirit lamp and scarificator, a basin of hot water, and a sponge. For dry cupping air was expelled from the glass by flame, and then applied for two or three minutes in several places. For wet cupping the glass was applied for one minute; then the scarificator was used, then the glass applied again to induce bleeding. Nowadays dry cupping has been replaced by Klapp's glasses for producing the vacuum, and Bier's rubber bandage to induce hyperæmia.

Attendances upon children of teeth-bearing age, from six months to two years, were very frequently accompanied by the use of the gum lancet; in fact, the older doctors seldom went about without this instrument in their pockets. The lancet, and a Syme or Paget's abscess knife were invariably in the same tortoiseshell handle.

Vaccination.—We have heard something about this lately! It has been, like the advertisement of Boodles' Teeth, in everybody's mouth. In my early days I remember the vaccination stations in the various villages, where the women used to collect in the happiest of moods. The best-looking child (perhaps the looks of the mother were also taken into account) was picked out and vaccinated from vaccine points sent down by the Local Government Board. Lancets were used for punctures. Possibly two or three children were done, and then the next week the lymph was taken direct from the best vesicles, and the other children vaccinated with vaccine lancets. Very pretty little instruments they were, well mounted on tortoiseshell, with gold or silver rivets. My father used to pick out a child with good vesicles, and drive it with its mother to the vaccination station in the next village, and vaccinate the children from it. In some cases the ivory vaccine points were dipped into the vesicles, allowed to dry, and then done up in tissue paper or put in an envelope, and taken off to vaccinate the child of the flash aristocratic lady of the village. The meetings at the vaccination stations were always of a friendly, convivial nature.

(To be concluded).

GOLDEN LANE CLINIC: THE TREATMENT OF SYPHILIS WITH BISMUTH.

IN 1921 the experiments and tests carried out by Sazerac and Levaditi at the Pasteur Institute in Paris have provided anti-syphilitic therapeutics with a new method of treatment by the introduction of bismuth. Its elective action on the *Treponema pallidum* has been proved by numerous workers since.

The idea was not a new one. As far back as 1889 Balzer attempted to treat mucous patches with bismuth iodide with good results, but when arsenic was introduced by Ehrlich, with such wonderful results, researches with other metals were abandoned for a time. The result of recent investigations has proved that preparations rich in bismuth metal have a good and lasting action. Nevertheless, we have observed that the association of the metal with secondary products notably increases the therapeutic activity of bismuth, so that equally good results can be obtained with smaller doses.

A great number of preparations are now on the market, and this variety is very confusing. The following indications will perhaps help to make a choice. Bismuth is used under several physico-chemical forms: bismuth metal, colloid bismuth, soluble salts of bismuth, and insoluble salts of bismuth. All the above are offered to the medical profession under different names, in ampoules containing 2 to 5 c.c., with the salts or metal in suspension in oil, water, physiological saline serum or in isotonic glycose solution. All those solutions are stable and ready for injection after shaking the ampoule a few minutes before use.

Preparations of metallic bismuth are of an unpleasant black colour; they are always injected intramuscularly, and are rather painful. Colloid bismuth, which may be injected into the veins like the arsenical preparations, gives rise sometimes to ill-effects in the nature of a nitritoid crisis. Moreover the small proportion of bismuth in the colloid preparations renders them less active than the others.

The soluble salts have many disadvantages. In the first place, the injections must be repeated frequently on account of the quick elimination, at least three to four times a week. Secondly, on account of the caustic nature of these preparations, the injections are painful. Lastly, the toxicity of the soluble salts when administered intravenously is very high, so that even with a faultless technique it is impossible to avoid occasional accidents. The insoluble salts are therefore preferable. But here again the variety is great. Three salts, however, are the most generally used, and at Golden Lane they alone have been selected for trial. They are the tartro-bismuthate

of potassium and sodium, the iodo-bismuthate of quinine, and the hydroxide of bismuth. The tartro-bismuthate contains about 60 per cent. of bismuth metal, the iodo-bismuthate of quinine 20 per cent., and the hydroxide 86 per cent. This last salt, containing the largest proportion of bismuth, is the most useful; it has the additional great advantage that it gives very little discomfort after injection. We have observed that in the greatest number of cases the treatment is absolutely painless. The salt can be injected either in suspension in oil or in physiological saline solution according to individual local reaction.

As already stated, bismuth in association with other drugs has been found to have a greater therapeutic action than when injected alone. In this connection a preparation of bismuth hydroxide, sold under the name of Muthanol, is of interest, and deserves our attention. It is a well-known fact that when bismuth is introduced into the organism, it invariably brings about a diminution of the red corpuscles, giving to the patient a special pallid appearance, and as a result of its neuro-depressive action, causing fatigue. In order to obviate this great inconvenience, Fourcade conceived the idea of adding to the hydroxide a small dose of a radio-active element, the bromide of mesothorium, and this addition has proved very successful. Mesothorium, by its radio-activity, has a strong stimulating action on the hematopoietic organs, and indeed on the whole organism, increasing the diastatic action of the liver, and provoking a leucocytosis. This action is obviously very important in the treatment of syphilitic lesions, for in such circumstances the therapeutic action of the bismuth is likely to be increased. In our hands this preparation has certainly given very good results when used in smaller doses than those employed in the case of the other forms of bismuth, the general condition of the patient improving rapidly under treatment as well as the local lesions. The absorption and elimination of bismuth starts at once after the injection and continues slowly for some time afterwards. This is a great advantage in the treatment of syphilis, as the action of the drug is prolonged, and lasts for some time after the injections—a fact that is proved by repeated examinations of the blood at short intervals after the end of a course of treatment. In such cases the curve of the Wassermann and Sigma reactions has been found to decrease gradually, and finally to become negative. Generally speaking, the action of bismuth on the Wassermann and Sigma reactions is not so prompt as is that of arsenic and mercury, but a negative reaction once obtained seems more stable than in cases treated with arsenobenzols. For a negative reaction, two or three courses of 12 to 15 injections each given over a period of about four months are required. Under arsenic and mercury a

negative result is, on the other hand, frequently obtained after a single course, but in this case subsequent behaviour is often much more erratic. We have noticed several cases where a long treatment with arsenobenzols and mercury never succeeded to bring about a negative reaction, even after three to four years, and where a single course of bismuth produced the required result.

The curative action of bismuth is prompt and durable. In all our cases the primary and secondary lesions have healed nearly as rapidly as have similar lesions treated with arsenical preparations, and much more rapidly than those treated with mercury alone. The chancres were in every case completely cicatrized after three to four injections—that is to say, at the end of about ten to fourteen days. The induration was a little longer in disappearing completely under bismuth. Spirochætae were absent in the sores after the second treatment. Mucous patches generally cleared up after the third or fourth injection, or within seven to ten days. The macular and papular rashes, in our opinion, did not fade so quickly under bismuth as under arsenic. In late secondary and tertiary lesions we had very good results, gummatous ulcerations and syphilides clearing up in a short time. Our most surprising results were, however, obtained in cases of specific glossitis. One of these cases was cured after a single course of twelve injections. In another case of leucoplakia, in which a long course of treatment with collosol iodine, intramine, arsenobenzols, silver-salvarsan, mercury, potassium iodide as well as numerous local applications had failed to bring about any amelioration, a decided improvement, although progress was very slow, resulted from the use of bismuth. We have in addition treated two cases of tabes one without any sign of improvement, the other in whom all sorts of combined cures had previously failed, with decided benefit. In this latter case the pains in the legs have gone, the general condition is better, the gait is steadier, and the co-ordination of movements is better.

The tolerance to the drug is very good, and we have seen no signs of intoxications, stomatitis, albuminuria or diarrhœa. Only once have we observed the typical bismuthic white lines round the teeth, and in this case no trouble resulted, and the condition lasted a few days only. Injections of the soluble salts are certainly more irritant to the muscles, and therefore more painful. When the insoluble preparations were used, patients rarely complained of pain after treatment, and in the majority of cases far less discomfort was experienced than with mercury cream. We have never observed any local irritation, induration, nodosity or abscess at the site of injection. When pain was present it never lasted longer than a few hours, and was never sufficient to interfere with the daily work.

The total dose of bismuth metal given in a course was 3 to 4 gm., divided in a series of ten to fifteen injections according to the preparation selected and the susceptibility of the patient. The injections were repeated every third day. A rest of two to three weeks is indicated after the first course, and longer resting periods after the subsequent series, according to the action of the drug on the clinical manifestations and according to the blood reaction. It is however impossible to lay down a routine treatment with this remedy, for the number of preparations is increasing monthly, and each preparation has its different dosage of bismuth.

The technique of the intramuscular injections is similar to that employed in the giving of mercury cream. The site of election is the upper external region of the buttock, at the junction of the two inner thirds with the outer third, on a line from the top of the fold to the anterior superior iliac spine. For intravenous administration the same precautions as for arsenobenzols must be observed.

The preparations we have used in our investigations are the following:

Multhanol, the only radio-active preparation, is a yellow emulsion of hydroxide of bismuth, allied with bromide of mesothorium. It contains 86 per cent. of bismuth metal.

Treposan, a succinate of bismuth in oily suspension, contains 75 per cent. of bismuth metal.

Spirillan, a suspension of chemically pure hydroxide in aqueous physiological saline solution of white milky appearance, with 86 per cent. of metal.

Bismuthyl, precipitated bismuth, in a isotonic glucose medium, the richest in metal, 97 per cent., greyish-black.

Trepol, a tartro-bismuthate of potassium and sodium in suspension in oil, 60 per cent. of metal, yellow emulsion.

Neo-trepol, metallic bismuth in suspension in water, dark grey black colour.

Luatol, a neutral watery clear solution of tartro-bismuthate of potassium and sodium, 60 per cent. of metal.

Bi-quinyl, a double iodide of quinine and bismuth, a deep pink-red coloured emulsion with 50 per cent. of metal.

Iodo-bismuthate of quinine (Fraise's), same appearance as bi-quinyl, but weaker, contains 20 per cent. of metal only.

In conclusion:

1. Bismuth has an undeniable specific action on the *Spirochæta pallida*.

2. Its therapeutic action on the various syphilitic lesions is not so active and rapid as arsenic, but is better than mercury.

3. The effect on the Wassermann and Sigma reactions is slow, but steady and stable.

4. The intravenous method of administration of soluble salts is not advisable and somewhat dangerous.

5. The insoluble salts given by intramuscular injections are preferable, safer in their administration, painless in experienced hands, and without toxic effects.

6. The treatment is always well tolerated, very easy to handle and with invariably good results.

7. There are hardly any contra-indications, nephritis being the only serious one.

8. The results obtained so far in refractory lesions of the nervous system and tertiary syphilis, without being striking, are certainly promising.

A CASE OF TERATOMA OF THE TESTIS WITH SECONDARY DEPOSITS OF CHORION-EPITHELIOMA.

By W. R. THROWER.

EDWARD H—, æt. 33, boiler scraper, was admitted to the Hospital on August 23rd, 1923, on account of severe abdominal pain and hæmoptysis.

In 1919 patient began to suffer from shortness of breath and a cough, with occasional reddish sputum. He found that his work was making him abnormally tired, he always was feeling "out of sorts," and he was having periodical crops of boils in different parts of the body. Till about nine months before admission his symptoms remained unchanged, but at this time they began to trouble him more, and he suffered from morning nausea, but with no relation to food.

About ten weeks before admission patient's sputum began to be consistently blood-stained, and he likened his sputum to masses of dark-coloured flesh; also at this time patient noticed that his urine was always much darker than usual, though on questioning he complained of no other urinary symptom. Seven weeks before admission patient was seized with severe abdominal pain in the hypogastrium, radiating to the loins. It was practically unaffected by position or warmth, and for two or three days became more severe, when he vomited rather frequently, still without relation to food, and obtained some relief. He was now losing weight rapidly, and was admitted to Homerton Infirmary, where his condition remained practically unaltered and his vomiting and hæmoptysis continued; his chest, X-rayed, showed "patches" in his lungs, whilst his sputum, examined for organisms, showed no tubercle bacilli. Patient left the infirmary on August 18th, and remained very much as before.

On his admission here he appeared ill and wasted and vomited frequently. His chest showed marked hollowing above the clavicles and the expansion was poor; pleural friction could be heard at the right base and scattered *râles* and crepitations over the lungs; there was, however,

no evidence of consolidation or excavation. The abdomen was not distended, but the liver extended 3 in. below the costal margin and the spleen was palpable. The whole abdomen was very tender, particularly in the hypogastrium, but no tumour could be felt in this situation, and the testicles, examined during the routine investigation of the case, appeared normal.

Patient's condition rapidly became worse, and apart from a skiagram showing multiple metastases in the lungs, nothing definite could be determined to help the diagnosis. Towards the end patient became jaundiced and bile appeared in the urine, death occurring on September 8th.

At the autopsy, held the next day, the heart muscle showed brown atrophy with considerable atheroma of



FIG. 1.—SECTION OF LUNG SHOWING NORMAL ALVEOLI INVADDED BY SYNCYTIUM WITH A CERTAIN AMOUNT OF SURROUNDING HÆMORRHAGE. $\times 60$.

both coronary arteries, but no deposits of new growth. There were recent adhesions all over the right lung, while both lungs were studded with nodules of new growth, those on the surface being slightly umbilicated, and on section, macroscopically, were found to consist of a yellowish-brown broken-down material with hæmorrhage in the centre. Histologically, section showed the normal lung-tissue to be invaded and largely replaced by secondary deposits of chorion-epithelioma, which in places exhibited a polypoid arrangement, and in others Langhans' cells overlaid by syncytium (Fig. 1). The mediastinal glands looked natural and showed a normal appearance when cut across.

There was no pathological change in the alimentary canal. The liver, which weighed 120 oz., consisted chiefly of large masses of new growth, the left lobe particularly consisting almost entirely of reddish, friable new growth, which microscopically was seen to be typical chorion-epithelioma. Nodules of growth were found in the

cortices of both kidneys, and also in the celiac axis lymph-glands which were fused into a large mass

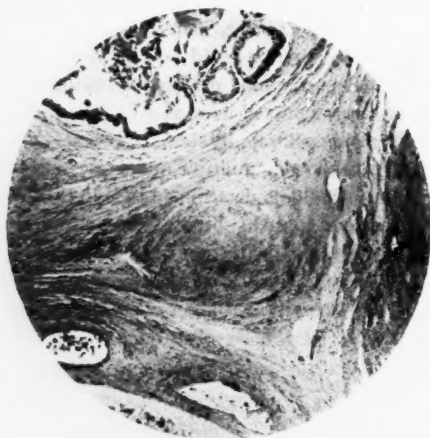


FIG. 2.—SECTION OF TERATOMA SHOWING CYST FORMATION WITH LININGS OF SQUAMOUS AND CUBICAL EPITHELIA. THE STROMA, CONSISTING OF FIBROUS TISSUE AND PLAIN MUSCLE, CAN ALSO BE SEEN. $\times 40$.

infiltrating the aorta and the sympathetic plexus, though the pancreas, which was in close contact with the growth, appeared to have escaped involvement.

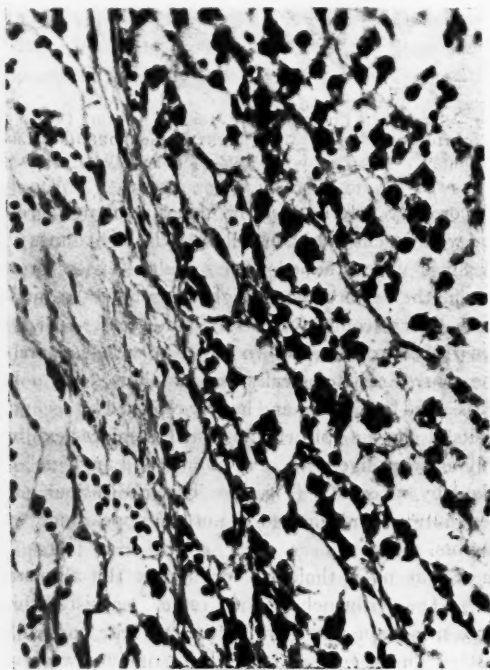


FIG. 3.—SECTION OF THE GLIO-SARCOMATOUS NODULE FROM THE TERATOMA. $\times 280$.

On one side of the mass of glands was a group of cysts filled with clear yellowish fluid and lined by squamous and different varieties of columnar epithelium.

Both testes appeared quite normal on external examination, but section of the left one demonstrated a small whitish nodule in the centre, which microscopically was seen to be a cystic teratoma, showing squamous, cubical and columnar epithelial linings, while the stroma consisted of fibrous tissue and plain muscle, and a small nodule of cells resembling liver could be seen (Fig. 2). At one place was a small mass of a definitely gliosarcomatous nature (Fig. 3), though careful search failed to demonstrate any decidua or chorionic tissue from which the secondary deposits could have arisen. The testicular substance was infiltrated and atrophied by the growth.

The case is of interest from the fact that during life no primary growth could be found, whereas practically all recorded cases of new growth of the testis exhibited some local symptom. Search through the reports does not reveal a record of a similar case having occurred in this hospital, though Southam and Linell, of Manchester, have described chorion-epithelioma occurring locally in a teratoma from a series of cases of various testicular neoplasms published recently.

I am indebted to Sir Thomas Horder for permission to publish this case, and to Sir Bernard Spilsbury for histological preparations to photograph for reproduction.

ATHLETIC TRAINING.

THE Hospital Sports are being held in the near future, so I am hoping that a few words on the subject of "Athletic Training" will not be out of place or distasteful in this month's JOURNAL.

Training, whether athletic or otherwise, is a habit of living so that we may carry out efficiently a specific task with the minimum expenditure of energy.

The preparation of one's body and mind with this end in view is one of the things really worth while in life, and should be extended, not only over a short, definite period of a few weeks, but over a lifetime.

Perhaps one can venture to say that a knowledge of "how to train" is based on common sense, hygiene and physiology. If you are well acquainted with all three, don't read any further, for you will learn nothing that is new.

"Training" can be divided into two classes:

- (1) General training.
- (2) Special training.

The former is the performance of certain daily actions

that assist us in maintaining our health, fit us to do our professional work efficiently, and give us that *joie de vivre* which should be the heritage of every man. The latter is the application of one's mind and body to the perfect performance of a certain succession of physical actions, and it is only by persevering and constantly performing these actions, specific to the branch of sport you are training for, that you can attain perfection.

But these two classes of training, the general and the special, should be combined in the training scheme of an athlete.

You must learn to treat your body like a delicate piece of machinery. That piece of machinery must be *gradually* brought up to its full working capacity, and during this process it must be cared for.

A few of the principles of general training are roughly as follows :

(1) Let your motto be *Mens sana in corpore sano*.

(2) Make a habit of keeping yourself bodily and mentally clean. A cold bath in the morning followed by a few rubbing exercises or a brisk walk before breakfast do a great deal towards starting the day well. More than we realize depends upon the attitude of mind in which we commence the day's work.

(3) When you start your special training, whether it be for the mile, or the high jump, etc., do it slowly, never exhausting yourself, but each day finish feeling that you have plenty of reserve in hand. No one thinks of racing a motor-car engine until it has been carefully tuned up.

You must educate your body so that it can perform the maximum amount of work with the minimum expenditure of energy.

(4) *Clothing* should be light and airy. The skin "breathes," and must be allowed to excrete its waste products.

(5) *Food and drink, etc.*—" *C'est l'estomac qui fait les heureux*," as Voltaire says. Don't clog your machine with food-stuffs that are hostile to its welfare. Don't over-eat or over-drink. Take plenty of cold water *between* meals; eat plain, simple foods, raw fruit, salads, etc., and avoid C_2H_5OH like the plague.

Pardon me if at this point I misquote and misapply a sentence from Sir William Osler's address, "A Way of Life," by saying that he who consorts with the Lady Nicotine, or fools with Bacchus, or worships at the shrine of the younger Aphrodite, or does all three, will never be a lasting athletic success.

(6) *Sleep*.—The body has tremendous powers of repair, and when one is working it hard it needs a sufficient length of time in which to do its work of rebuilding. Allow your bedroom plenty of fresh air, or preferably sleep out of doors all the year round. Don't overclothe yourself during sleep, and get up when you wake up. There is

nothing so demoralizing as lying in bed after you are fully awake.

(7) Last and most important *keep cheerful*; live only for the day's tasks, and don't worry about your event in the future. If you do your day's training well and enjoy it with all the mental and physical forces at your command, you won't do badly on "the day."

The "special" training for your respective events is best learnt by watching an expert doing it, and having the main points in his action or style pointed out to you by an intelligent coach, so I won't plunge into technicalities here.

In conclusion, may I be permitted to say something about the Hospital Athletic Club.

The Club was first started in 1867, and is one of the oldest clubs in the Hospital. The United Hospitals Challenge Shield has been won by Bart.'s on fifteen occasions since 1867, namely in 1873, on seven successive occasions from 1885-1891, in 1894, 1899, 1901, 1902, 1903, 1908 and 1923—a record that any other hospital falls far short of, and given adequate support, both on and off the field, the Hospital should retain the shield again this year.

The winning factors in the United Hospitals Sports are :

- (1) The men who score 2nd and 3rd places.
- (2) The tug-of-war team (which did such stout work last year).
- (3) Last, and by no means least, the vocal assistance and encouragement of the spectators.

If you train for the Hospital Sports and have not the good fortune to be selected to represent the Hospital in the United Hospitals Sports, don't look upon your efforts as wasted: you are richer in self-control and physical fitness.

Lastly, if you don't run, jump, or throw heavy missiles about, you can be of tremendous service by coming along to the Sports and exercising any vocal qualities you possess.

H. B. S.

DR. HAWE'S METHOD OF RESTORING LIFE TO DROWNED PERSONS.

[Taken from the *Female Instructor*, date of printing not stated. Printed by Thomas Kelly, Paternoster Row. Book given to E. E. S— by her father, June 30th, 1857.]



HE greatest exertion should be used to take out the body before the lapse of one hour, and the resuscitative process should be immediately employed. On taking bodies out of rivers, ponds, etc., the following precautions are to be used :

1. Never to be held up by the heels.

2. Not to be rolled on casks, or other rough usage.
3. Avoid the use of salt in all cases of apparent death. Particularly to observe to do everything with the utmost promptitude.

For the drowned attend to the following directions :

1. Convey the body with the head raised to the nearest convenient house.
2. Strip and dry the body ; clean the mouth and nostrils.
3. Young children : Between two persons in a warm bed.
4. An adult : Lay the body on a warm blanket, or bed ; in cold weather near the fire. In the warm season air should be freely admitted.
5. It is to be gently rubbed with flannel, sprinkled with spirits, and a heated warming pan, covered, lightly moved over the back and spine.
6. To restore breathing : Introduce the pipe of a pair of bellows (when no apparatus) into one nostril ; close the mouth and the other nostril ; then inflate the lungs, till the breast be a little raised ; the mouth and the nostrils must then be let free. Repeat this process till life appears.
7. Tobacco smoke is to be thrown gently up the fundament, with a proper instrument ; or the bowl of a pipe, covered so as to defend the mouth of the assistant.
8. The breast is to be fomented with hot spirits ; if no signs of life appear, the hot bath ; or hot bricks, etc., applied to the palms of the hands, and soles of the feet.
9. Electricity, early employed by a medical assistant.
10. The breath is the principal thing to be attended to.

A CONFUSED FRAGMENT AFTER SEEING IOLANTHE, WITH A CERTAIN EXAMINATION MNEMONIC STILL IN MIND.

[With due apologies to the late Sir W. S. Gilbert,
lecturers in anatomy, and any who may be susceptible.]

Lord Tolloller : Spurn not the nobly born
Who have retention ;
Nor treat with idle scorn
The bones they mention.
Ill health should bear no shame—
They have a perfect claim
To high anatomic fame,
Not condescension !
Wrist bones ! wrist bones !
The seedy lords have been
Some help I ween ;
They shout in strident tones,
Wrist bones !

G. S.

SOME CONSIDERATIONS IN THE TREATMENT OF CHRONIC APPENDICITIS.

ALTHOUGH the general practitioner has of late years availed himself increasingly fully of the more extraneous aids to the diagnosis of this condition, and to the estimation of the success of treatment, I think that few of them pay a sufficient attention to the state of that most important of the patient's physical assets, the very fountain of his well-being—one might almost say his spring of life. I allude, of course, to his bank balance, the "Kredit" of Prof. Korschergeld and the Germano-Austrian school. This should be closely observed in all cases of chronic or long-standing disease, but in the medico-surgical maladies—chronic appendicitis, cholecystitis, gastric ulcer—etc., it may assume a paramount importance.

Specimens should be obtained from it by the physician at regular intervals, and, as in the case of the C.S.F., care should be taken that while enough for the immediate purpose is secured, the sudden abstraction of any large amount is avoided.

The neglect of this precaution is often followed by a characteristic symptom-complex, viz. preliminary blanching of the face and fine tremor in the muscles supplied by the musculo-spiral and ulnar nerves, then vaso-dilatation and venous congestion over the blush area, accompanied by spastic gesticulation and a short period of aphasia which gives place to rhythmic and forcible ejaculation of meaningless syllables, dentals and labials predominating. After a few hours the symptoms gradually disappear as a harsh murmur of low pitch. This syndrome is best seen in males between the ages of 40 and 60 years.

Small fluctuations in the Kredit, up to 10 per cent. or 15 per cent. of its average, which will, of course, vary in different individuals, but which should not be less than several thousands of reds or "phthickenus" as Prof. Korschergeld has named them (they correspond to the *chartæ virgatæ* of Bradbury and Fisher), are not to be regarded as pathological, but any considerable change calls for immediate action.

If at the onset of the disease the Kredit is found on examination to be small and shrunken—diminutio atrophica, as in the familiar morbus indigentum—no satisfactory results are to be expected by the physician and surgical treatment is indicated.

These are cases which I have found well adapted to the hands of the local surgeon, or to those of the surgical clinical assistant of our great metropolitan hospitals.

In the typically medical case the Kredit may remain healthy and normal in size for years, while treatment

progresses along the normal lines; any occasional hypertrophy should be regarded with suspicion, and may call for a more frequent professional attendance. If, however, it begins to show signs of irregular fluctuation or atrophic diminution and impaired function with corresponding difficulty in obtaining specimens, a condition occasionally consequent upon a neglect of the precautions already mentioned, it may be assumed that nothing further is to be gained by continuing treatment on medical lines, and prompt surgical intervention must be summoned.

It is hoped that these few points, to the observance of which the author considers his professional success to be largely due, may be no less helpful to his many friends among students and those newly entering the profession.

SAML. WOOGLENORME.

DOUBLE ACROSTIC NO. 4.

BY sight and not by touch you must direct me,
And let my tunnelled namesake then deflect me.

1. 'Tis but a tale that Adam this did lack,
This needs no tail, therefore give us the sack.
2. Disease of George Belcher: in every cartoon
It glows like a poppy in sunshine of noon.
3. Grown on the fruit of quite a common cereal,
I am the midwife's favourite material.
4. I gently stretch the cleaned and moistened skin;
I grasp my heavy knife, I'm ready to begin.
5. Not spirochaetes nor tubercle, so all the wise assure us,
Ma foi! say suffering *filles de joie*, *Vite! Vite!* get on
and cure us.
6. This wee child's vomit knows no moderation;
I'll get my knife and do my operation.
7. Vein, artery and bone with such a name to bear!
With our anatomists, I fear, imagination's rare.
8. Beware of him! He has the dread bacillus,
Which leaves him quite unharmed, and yet may kill us.

ABERNETHIAN SOCIETY.

A MEETING was held on Thursday, March 27th, 1924, at 5.30 in the Abernethian Room, Mr. H. G. Anderson being in the Chair.

Mr. J. PATERSON ROSS read a paper entitled "Personal Experiences in America." After recounting his experiences with the Customs officials at New York, Mr. Ross described his visit to the Peter Bent Brigham Hospital, Boston, where he worked as an assistant under Prof. Harvey Cushing. He then gave an account of the curriculum

at the Harvard Medical School, remarking particularly on the fact that only six months was spent in the study of anatomy. After this he described his visit to Cleveland, where he saw Dr. Crile working. Dr. Crile has performed over five hundred thyroid operations without a death.

Then Mr. Ross described his visits to the Mayo Clinic and the Johns Hopkins Hospital, Baltimore.

Mr. ANDERSON proposed a vote of thanks.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

"THE St. Bart.'s Hospital team played two games in Plymouth in the first week-end in April, and were responsible for the best matches seen in the West Country this season. They lost against Plymouth Albion on Saturday and Devonport Services on Monday, but on each occasion they played splendid Rugby, and were a trifle unlucky."—Extract, *Rugby Weekly*, April 5th, 1924.

Despite a depleted team the Hospital displayed good form in the West Country:

Plymouth Albion: 14 pts.; Bart.'s, 8 pts.

Devonport Services, 1 drop goal, 1 goal, 2 tries; Bart.'s, 1 goal, 2 tries.

The following men were unable to make the journey: G. W. C. Parker (capt.), H. McGregor, A. Carnegie-Brown, Melbourne Thomas and A. W. L. Row. Gaisford played for 65 minutes against Albion, but unfortunately had to be carried off the field and was unable to turn out against the Services. It is doubtful whether he will be able to accept the place which has been offered him with the Rugby contingent for South Africa.

During the tour the team were the guests of the Royal Naval Depot Officers' Mess. Their hospitality cannot be described with ink. Two incidents from a delightful visit were a tour through Devon and Cornwall and a cruise on the ocean.

E. H. Pentreath demonstrated his versatility by playing at full-back against the Services. This was his first appearance in this position.

The following reserves played against Plymouth and the Services: J. R. Edwards, C. R. Jenkins, L. Colenso-Jones, J. W. Robertson, G. P. Roxburgh and E. H. Pentreath. All played well, and showed the Senior Cup holders that the second XV are worthy holders of the Junior Cup.

Congratulations to A. E. Beith and W. S. Morgan on figuring in the Barbarians' tour in the West—no mean honour considering that there are nineteen Internationals in the party.

We are glad to notice that A. E. Beith, L. C. Neville and A. L. Row appear in the London team against Paris.

The following have received honours colours and presentation caps: *Full-back*, W. Fletcher Gaisford; *three-quarters*, Melbourne Thomas, M. Fitzgerald, P. Oswald Davies, L. Crofts Neville; *halves*, T. P. Williams, H. Hector McGregor; *forwards*, George C. W. Parker (capt.), Andrew E. Beith, Reginald H. Bettington, Andrew Carnegie Brown, J. Wilfrid Buttery, W. Stanley Morgan, Allan W. L. Row, Edward S. Vergette, M. Leslie Maley.

* International. † Varsity Blue. ‡ Varsity trials. § English trials.

"BATTLEAXE."

THE MUSICAL SOCIETY.

THE meetings of the Musical Society will, in future, take place in the Great Hall at 5 p.m. on Tuesdays. We much appreciate this concession, as the Central Room in the Surgery has become quite inadequate. The piano belonging to the Society will be used, and one of the double-basses has now been fitted up for a new player.

Up to this year the Nursing Staff have been included in the Society's membership. We have sent them an invitation to renew this practice. A choral section of the Society has been inaugurated, and, providing sufficient men join, announcements will be made later as to meetings.

R. J. BROCKLEHURST, } Hon. Secs.
J. HARTSILVER, }

REVIEWS.

MENTAL DISEASES. By R. H. COLE, M.D., F.R.C.P. Third edition. Pp. 356. (University of London Press, Ltd.) Illustrated. Price 15s. net.

This book is an excellent introduction to the study both of normal psychology and of mental diseases. The preliminary chapters, devoted to psychological considerations, are admirably lucid, and will do much to dispel the idea that this subject is full of vague and unsatisfactory theorizing compared with the more familiar science of physiology. Recent events only emphasize the author's remarks that the time is approaching when psychology should certainly take its place in the training of the medical student.

The chief mental diseases are described with equal clearness, and the clinical grouping, which has been slightly altered in this edition, lends itself well to a comprehensive survey of the whole field of psychological medicine. A clear-cut picture of each condition is presented to the reader's mind, and no attempt is made to deal with atypical forms, or to discuss in detail variations which would lead to confusion in a work of this scope. Especial emphasis is laid on the physical basis of mental disorders and the morbid anatomy of general paralysis, and the account of the cerebrospinal fluid has been entirely rewritten and expanded, while the pathological plates have been improved in clearness.

The first chapter, on the history of insanity, and especially the paragraph on Bethlem Hospital, will be of interest to those who will visit Lambeth this summer.

A SHORT PRACTICE OF GYNÆCOLOGY FOR MEDICAL STUDENTS. By HENRY JELLETT, M.D., F.R.C.P.I. (Published by J. & A. Churchill.) Pp. 428. 318 illustrations and 10 coloured plates. Price 18s.

The fifth edition of the excellent book by the late Master of the Rotunda should prove very useful to students. Modern views of the menstrual cycle and function of the corpus luteum are shortly and clearly reviewed.

The vexed subject of chronic endometritis is treated in a singularly convincing manner, and although differing in some minor points from the teaching of some members of our staff, does give the student solid ground to stand on when considering the lesions included under this heading.

The book is profusely illustrated. The large coloured plates showing the lymphatics of the pelvis and that showing the blood-vessels and nerves deserve special mention. The relations of the ureter are seen better in Plate IX than in any diagram we have seen.

The section on major gynæcological operation is remarkably lucid. The chief methods of performing hysterectomy are described in stages, with diagrams showing each stage. Seven large coloured figures illustrate the stages in Wertheim's hysterectomy.

A pleasing feature is the special care taken to describe the instruments peculiar to gynæcological work.

The work is well written throughout and sufficiently complete for the ordinary student. It is heartily recommended.

A WHIFF OF OLD TIMES: ONE HUNDRED EXTRACTS FROM LITERATURE PRIOR TO 1850, FOR MEDICAL PRACTITIONERS AND OTHERS. (Published by John Wright & Sons, Bristol.) Pp. 84. Price 3s.

The book contains, side by side, scraps gleaned from the four winds of literature. Collected here one finds quaint extracts from scientific periodicals of 1680, describing "stones of prodigious size" removed from a kidney, the cure of a polypus, or the signs, symptoms and "prognosticks" of pleuritis, interspersed with poems from Robert Burns, Shakespearean soliloquies, Arab fables, and extracts from old medical dictionaries.

The book affords a couple of hours' amusing reading.

MODERN ASPECTS OF SYPHILIS. By M. J. HORGAN, B.A., M.B., B.Ch., B.A.O., N.U.I. Pp. 136. (Oxford Medical Publications). Price 5s. net.

This excellent monograph should be read by all those whose duty it is, or may be, to treat cases of syphilis. As the author states in the preface, it is based almost entirely on the work of Kyrle at the Finger Clinic, Vienna. Naturally, therefore, the point that is stressed above all others is the condition of the cerebrospinal fluid in syphilis. In this connection a fact that is not often realized is clearly demonstrated, namely, that a positive Wassermann reaction can be obtained in the cerebrospinal fluid in the early secondary stage, and that often, when the serum Wassermann has become negative as the result of treatment, the cerebrospinal fluid Wassermann—referred to always as liquor Wassermann—may still be positive and the patient is not therefore cured. The best guide to treatment and prognosis in syphilis is the condition of the cerebrospinal fluid, and if it is employed in all cases, such sequelae as tabes dorsalis and general paralysis of the insane should not occur. The tests that should be employed on the cerebrospinal fluid are: (a) globulin, (b) cell-count, (c) colloid chemical tests, (d) Wassermann reaction.

In the Appendix a full description is given of how each of these tests and many others can be carried out. Those who are mystified by the colloidal gold reaction should refer to this little volume, wherein its technique is explained and numerous charts are given, illustrating the different types of reaction given in different stages of syphilis, and also in other conditions of the cerebrospinal fluid, such as meningitis, disseminated sclerosis, etc. The different sections have been well arranged, the style is good and easily readable, and the charts are excellent. We heartily recommend this little book.

ELEMENTS OF SURGICAL DIAGNOSIS. By SIR ALFRED PEARCE GOULD. Sixth edition, revised by ERIC PEARCE GOULD, M.D., M.Ch.(Oxon.), F.R.C.S.(Eng.). (London: Cassell & Co., Ltd., 1923.) Pp. 739. 20 radiographic plates. Price 12s. 6d. net.

It is without doubt true that diagnosis cannot be learnt from text-books of surgery, but from the patient, and by the careful elicitation and interpretation of physical signs. The beginner's trouble is that he knows neither what to look for nor the importance of what he sees. To such people the present very handy volume should prove a veritable "guide to the patient."

There are thirty chapters, commencing with one on history-taking, and then being divided roughly into two sections, the first dealing with the diagnosis of injuries, the second with the diagnosis of diseases, both under regional headings. There is also a section dealing with the general diagnosis of swellings, ulcers, sinuses, fistulae, gangrene, etc.

The present edition is practically unchanged as regards general arrangement. There are added certain recently recognized diseases, such, for example, as Perthe's diseases of the hip. We are sorry to see the use of such a misleading term as bronchocele for swellings of the thyroid gland—a relic of the past, and surely quite an inaccurate term. The definitions of ulcer, sinus and fistula are also not clear.

The book as a whole, however, is very well produced (the X-ray pictures are excellent)—in fact it can be strongly recommended to students at the commencement of surgical work.

INSANITY IN EVERYDAY PRACTICE. By E. G. YOUNGER, M.D., M.R.C.P., D.P.H. Fifth edition, revised and edited by G. W. SMITH, O.B.E., M.B., Ch.B. (London: Baillière, Tindall & Cox.) Crown 8vo. Pp. 134. Price 5s.

The latest edition of this useful little book stands unaltered save in a few particulars: its characteristic feature, the concise rendering of the essentials of the subject, remains. Among the few alterations which Dr. Smith has introduced is the classification of stupor as a separate heading, to include (a) anergic, from exhaustion, and (b) katatonic (or resistive) types. This seems preferable to the previous grouping of the two conditions under melancholia and dementia præcox respectively. The section on this last disorder has been partly rewritten, and we must congratulate the author on his restraint in omitting all reference to the pathological speculation on this subject.

The sections on special types of insanity have been somewhat curtailed, perhaps for good reasons. We notice a new classification of borderland states, which brings this part of the book thoroughly

up to date. The cross-reference under moral insanity to p. 62 should be to p. 56.

The book ends, as before, with a *résumé* of the principles of psycho-analysis, defining its proper field in psychological medicine, the former detached attitude to this subject being now noticeably modified. The whole book, we may add, adequately fills the requirements of men working for junior finals.

SYNOPSIS OF MIDWIFERY. By A. C. MAGIAN, M.D. Published by William Heinemann (Medical Books), Limited. 235 pages. Price 8s. 6d.

This book is intended to refresh the memory of students and practitioners with the leading facts and principles of treatment in obstetrics.

It is to be heartily recommended as a revision book. We feel that more might have been done in presenting headings and classifications in a more clear-cut manner, but the book is well indexed, and is much more readable than most of its class. The chapter on the care of the new-born child is especially good, and shows how much of real use can be said in a minimum number of words. It is an excellent book.

THE ANATOMY AND PHYSIOLOGY OF THE MALE BODY. By HUBERT E. J. BLISS, M.A., M.D. Published by Baillière, Tindall & Cox. 17 by 9 inches. 27 pages, 8 plates, 89 illustrations. Price 6s.

We do not feel that this book could be of any use to the medical student. The numerous illustrations are well done, but all would be found in any standard text-book of anatomy. A letterpress of only 19 pages makes its own comment.

This book is written for those who wish to gain some knowledge of science and structure of the body, and yet have no opportunity for dissecting. For such the book should prove useful.

AIDS TO PHYSIOLOGY. By R. A. KRAUSE, M.D., D.Sc. Published by Baillière, Tindall & Cox. 255 pages. 57 figures. Price 3s. 6d.

"This little book," in the words of the authors, "is written as an aid to the student who is presenting himself for examination, and who has already attended lectures and practical courses in experimental and chemical physiology and in histology." If this is so, one cannot honestly recommend it for the use of students, for they would receive much more benefit from a book written in a tabular form, and not in the form adopted in this book, in which the salient facts are not thrown into relief by the aid of the printer's devices. There is too much "interstitial tissue" in the book. Then, too, the book is not clearly written, as in the account of the sympathetic system, where the term "sympathetic" means the whole autonomic system of Langley in one place, and that commonly referred to as the sympathetic in another. In the same pages, too, there is quite a confusing description of white rami. The part on the spinal cord and brain is also written unsatisfactorily, for instead of mapping out the paths followed by impulses subserving sensation of pain, temperature and so on, the authors have presented the usual jumble of anatomical facts uncorrelated with the physiological functions. As a final omission, one may mention that the specific dynamic action of proteins is not considered either in protein metabolism or heat regulation.

The purposes of the student of the functions of the body are not well served by reliance even upon the best lectures and demonstrations, apart from private reading and thinking. The *Aids to Physiology* will not help him as private reading, and they will not as they stand help him in original thinking, for in these respects they are inferior to his usual text-books, while, for the reasons stated above, they do not form a useful synopsis for the purposes of rapid revision.

Nevertheless the authors supply in very portable form a well-indexed book, useful for rapid reference.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ABERCROMBIE, G. F., B.Ch. See Williamson and Abercrombie.
- ADAMSON, H. G., M.D., "Case of Trade Argyria," *Proceedings of the Royal Society of Medicine*, December, 1923.
- ALLNUTT, E. B., M.C., R.A.M.C. (and Major R. F. O'T. DICKINSON, O.B.E., R.A.M.C., with a note appended by Colonel H. MARRIAN PERRY, O.B.E., R.A.M.C.). "A Report on an Outbreak of Diphtheria involving the use of the Schick Test." *Journal Royal Army Medical Corps*, March, 1924.
- ANDREWEES, Sir FREDERICK W. (and WILLIAM BULLOCK, S. R. DOUGLAS, GEORGES DREYER and A. D. GARDNER, PAUL FILDEN, J. C. G. LEDINGHAM and C. G. L. WOLF). *Diphtheria: Its Bacteriology, Pathology and Immunology*. London: H.M. Stationery Office, 1923.
- ARKWRIGHT, J. A., M.D., B.Ch., F.R.C.P. "The Course and Characteristics of certain Cultures Sensitive to Bacteriophage." *British Journal of Experimental Pathology*, February, 1924.
- BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "The Influence of the Endocrines on the Work of the Kidney." *Proceedings of the Royal Society of Medicine*, December, 1923.
- CAMPBELL, HARRY, M.D., F.R.C.P. *Man's Mental Evolution, Past and Future*. London: Baillière, Tindall & Cox, 1923.
- DAVIS, K. J. ACTON, M.Ch. "Two Cases of Absence of the Fibula." *Proceedings of the Royal Society of Medicine*, February, 1924.
- "Case of Rheumatic Fever affecting a Paralysed Limb." *Ibid.*, February, 1924.
- DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Case of Extensive Intrinsic Carcinoma of the Larynx in a Young Female Patient, Treated by Complete Laryngectomy." *Ibid.*, January, 1924.
- "Case of Functional Aphonia; Voice Restored by Application of Negus's Hand-pressure and Barclay's Noise Machine." *Ibid.*, January, 1924.
- "Case illustrating Digital Compression of the Vertebral Arteries for Pulsating Tinnitus." *Ibid.*, February, 1924.
- DUNHILL, T. P., C.M.G., M.D., Ch.B. "Case of Pharyngeal Diverticulum." *Ibid.*, December, 1923.
- ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Manipulative Surgery." *Ibid.*, December, 1923.
- "Case of Deformity of the Spine of Tibia." *Ibid.*, December, 1923.
- "Case of Snapping Knee." *Ibid.*, February, 1924.
- EVANS, E. LAMING, C.B.E., F.R.C.S. "Case of Infantile Paralysis with Calcaro-cavus Deformity, showing the Result of Whitman's Operation Ten Years after Operation." *Ibid.*, December, 1923.
- "Case of Infantile Paralysis with Calcaro-cavus Deformity, showing the Result of a Combination of Steindler's and Whitman's Operation." *Ibid.*, December, 1923.
- "Case of Maternal Obstetrical Paralysis." *Ibid.*, February, 1924.
- "Case of Congenital Dislocation of the Right Radius." *Ibid.*, February, 1924.
- FISHER, A. G. TIMBRELL, M.C., F.R.C.S. *Internal Derangements of the Knee-Joint: their Pathology and Treatment by Modern Methods*. London: H. K. Lewis & Co., 1924.
- "Treatment of Recurrent Lesions of the Semilunar Cartilages of the Knee-joint, with Special Reference to Manipulation." *Proceedings of the Royal Society of Medicine*, March, 1924.
- FRASER, FRANCIS R., M.D. "Some Aspects of Cardiac Dyspnoea: A Review." *Ibid.*, March, 1924.
- HOWELL, B. WHITCHURCH, F.R.C.S. "Case of Tendon Transplantation." *Ibid.*, December, 1923.
- "Tendon Fixation for Foot-drop." *Ibid.*, December, 1923.
- KEYNES, GEOFFREY, M.D., F.R.C.S. "Case of Endothelioma of Upper Lip." *Ibid.*, February, 1924.
- MYERS, BERNARD, C.M.G., M.D. "Case of Adiposis Dolorosa." *Ibid.*, March, 1924.
- "An Unusual Condition of One Eye in a Case of Exophthalmic Goitre." *Ibid.*, March, 1924.
- PAGET, OWEN F., M.D. "The Utility of the Nose." *Practitioner*, March, 1924.
- PEGGE, A. VERNON, M.R.C.S., L.R.C.P. (J. V. C. BRAITHWAITE, M.D., M.R.C.P. & A.V.P.). "A Case of Erythroedema Polyneuritica." *British Medical Journal*, March 8th, 1924.

- PIDCOCK, BERTRAM H., M.B., B.S., F.R.C.S. "Two Cases of Intestinal Obstruction." *Ibid.*, March 1st, 1924.
- RIDOUT, C. A. SCOTT, M.S. "Tuberculosis of Nasal Bones." *Proceedings of the Royal Society of Medicine*, March, 1924.
- THEOBALD, G. W., M.B., B.Ch. (and J. W. BIGGER, M.D., F.R.C.P.). "A Simple Method of Preparing Hands and Gloves for Operation." *Lancet*, March 8th, 1924.
- TWEEDIE, A. R., F.R.C.S. "Model Illustrating the Movements of the Otoliths." *Proceedings of the Royal Society of Medicine*, March, 1924.
- VERRALL, P. JENNER, F.R.C.S. "A New Type of Bone-Graft for Sacro-iliac Arthritis." *Ibid.*, December, 1923.
- "Case of Patchy Gangrene of the Toes due to Vasomotor Injury." *Ibid.*, December, 1923.
- "Case of Congenital Subluxation of Both Hips." *Ibid.*, February, 1924.
- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "A Case of Lymphogranulomatosis Maligna (Hodgkin's Disease) with Recurrent Purpura and Hemorrhagic Symptoms. Also Remarks on Lymphogranulomatosis Maligna." *Ibid.*, February, 1924.
- WILLIAMSON, HERBERT, M.B., and ABERCROMBIE, G. F., B.Ch. "A Case of Inversion of the Uterus with Squamous-celled Carcinoma of the Fundus." *Ibid.*, December, 1923.
- WILLIAMS, H. G. EVERARD, M.D. "A Case of Adenomyoma in a Mal-developed Uterus." *Ibid.*, December, 1923.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:
M.B.—W. Shaw.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1924.

Part I.—Organic Chemistry.—S. W. Barber, H. L. W. Beach, A. C. H. Bell, C. H. Dale, W. P. M. Davidson, J. H. Gubbin, P. N. Hanson, G. A. S. Harris, D. A. Langhorne, B. J. Lovely, A. M. McMaster, M. J. Malley, C. F. Moore, P. M. Oxley, A. T. Pagan, R. F. Phillips, D. Preiskel, E. J. J. Smith, S. E. Young.

Part II.—Anatomy, Physiology and Pharmacology.—S. Behrman,* J. A. Cholmeley, P. J. Cowin, E. S. Curtiss, E. G. C. Darke, C. A., Day, J. Dean, C. W. L. de Souza, M. R. Ernst, E. S. Evans, F. M. M. Eytton-Jones, W. P. Greenwood, J. W. O. Holmes, C. B. Huss, H. E. McLaughlin, M. M. Posel, J. H. O. Roberts, S. F. Russell, H. O. White, C. S. Wise.

* Distinguished in Pharmacology.

CONJOINT EXAMINING BOARD.

First Examination, March, 1924.

Physics.—W. A. Bellamy.

Elementary Biology.—W. A. Bellamy, H. H. Boyden, L. G. Byrde, G. K. McKee, C. T. E. Parsons.

Second Examination, March, 1924.

Part I. Anatomy and Physiology.—B. M. Clark, H. E. Cuthbert,* H. Hillaby, H. E. Houfton, J. L. G. Jenkins,* E. F. D. Owen,† P. R. Rainey, S. Smith, H. N. Walker,* A. F. Wallace.*

* Anatomy only. † Physiology only.

Part II. Pharmacology and Materia Medica.—B. M. Clark, J. D. B. Games, W. S. Hinton, A. N. Hobbs, E. D. Jones, N. F. Kendall, N. A. King, A. Liberis, C. P. Madden, B. E. T. Mosse, J. E. Snow, W. B. Webster.

CHANGES OF ADDRESS.

- DONELAN, C. J., Kensington Hospital, St. Bride's, Little Haven, S.O., Pembrokeshire.
- EVANS, D. B., Penygarth, Coedpoeth, Wrexham.
- LEITCH, J. N., c/o Assam-Bengal Railway, Chittagong, India.
- MACPHAIL, A., Pennagowan, Northwood, Middlesex.
- OWEN, T., 5, The Grange, Winchmore Hill, N. (Tel. Enfield 225.)
- POTTS, J. L., Portland House, Wilton Road, Salisbury. (Tel. 465.)

- ROBERTS, C. S. LANE, 64, Harley Street, W. 1. (Tel. Mayfair 6637.)
- WORBOYS, Major T. S., R.A.M.C.(T.), Rosemary Cottage, West Street, Burgess Hill, Sussex.
- WROUGHTON, Lt.-Col. A. O. B., D.S.O., R.A.M.C., C.O.'s Quarters, Alexandra Hospital, Cosham, Hants.

APPOINTMENTS.

- DONELAN, C. J., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Welsh National Hospital for Surgical Tuberculosis (Children).
- FIDDIAN, J. V., M.B., Ch.B.(Cantab.), appointed Assistant Surgeon, Ashton-under-Lyne District Infirmary and Children's Hospital.
- FOOTE, R. R., M.R.C.S., L.R.C.P., appointed House-Surgeon at the West London Hospital, Hammersmith.
- MCCURRICH, H. J., M.S., F.R.C.S., appointed Resident Surgical Officer, Sheffield Royal Hospital.
- SMITH, NORMAN F., B.M., B.Ch., appointed Registrar, Kitchener School of Medicine, Khartoum.
- STRUTHERS, J. A., M.B., B.Ch., appointed Assistant Medical Officer at the Colindale Sanatorium, Hendon, N.W. 9.
- WILLIS, F. E. SAXBY, M.D.(Lond.), M.R.C.P., appointed Physician with Charge of Out-Patients, Royal Chest Hospital, City Road.

BIRTHS.

- ANDERSON.—On March 7th, at the British (Lady Cowdray) Hospital, Mexico City, the wife of Donald Drysdale Anderson—a daughter.
- PAVEY-SMITH.—On April 15th, at 9, Victoria Avenue, Harrogate, the wife of A. B. Pavey-Smith, M.C., F.R.C.S., of a daughter.

SILVER WEDDING.

- SCOTT—PRESTON.—On April 20th, 1899, at the Parish Church, Wilburton, Henry Harold Scott, M.D., second son of the Rev. D. L. Scott, M.A., LL.D.(Cantab.), to Harriett, daughter of the Rev. D'Arcy Harrington Preston, of Attleborough, Norfolk. Present address: 51, New Cavendish Street, W. 1.

GOLDEN WEDDING.

- MARTIN—ILES.—On April 9th, 1874, at the Parish Church, Fairford, by the Right Hon. and Rev. Lord Dynevor, Paulin Martin, M.R.C.S.E., of Abingdon, Berks, to Mary, eldest daughter of the late Albert Iles, M.D., of The Croft House, Fairford, Gloucestershire.

DEATHS.

- BURGESS.—On March 30th, 1924, at the Cottage, Alverton Avenue, Poole, William Milner Burgess, M.R.C.S., L.S.A., late of Frinton-on-Sea, aged 71.
- HAIG.—On April 6th, 1924, at 57, Inverness Terrace, London, W. 2, peacefully in his sleep, Alexander Haig, M.A., M.D.(Oxon.), F.R.C.P.
- REECE.—On Easter Day, April 20th, 1924, at Birchington, suddenly, Richard James Reece, C.B., M.D., Senior Medical Officer, Ministry of Health, late Surgeon-Colonel, H.A.C., aged 61.
- WALSHAM.—On Palm Sunday, April 13th, 1924, at his residence, 114, Harley Street, Hugh Walsham, M.D., F.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.